



The Three Rivers Club, Inc.

P.O. Box 136
Cleves, OH 45002

www.ThreeRiversClub.org

Application for Membership

Family Membership

Single Membership

Mr./ Mrs./ Miss _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Membership Certificate to be issued in the name of (ONLY ONE NAME) _____

Name of others in Household

Date of Birth

Spouse _____

XXXXXXXXXXXXXXXX

Children _____

Others residing with you _____

Employed by _____

Address _____

Occupation _____

Business Phone _____

Do you own your home? _____ Rent? _____ Reside with parent? _____

I hereby apply for membership in the Three Rivers Club, Inc. herein after referred to as "The Club", and further subscribe for one Membership Certificate of The Club and agree to pay therefore the sum of Three Hundred Dollars (\$300.00) for the Membership Certificate and the Initiation Fee of One Hundred and Fifty Dollars (\$150.00) plus applicable Sales Tax and an Annual Dues plus any applicable Sales Tax.

I understand that this agreement shall not be valid and binding agreement upon me until it has been accepted by a majority of the Trustees and Directors of the Club, then this application and subscription shall be a valid, legal and binding issue of mine.

I understand that membership in the Club will entitle me, my wife (or husband), and unmarried children or stepchildren of mine, regularly living in my home, to the use of The Club facilities in accordance with the rules and regulations of The Club as they may from time to time be adopted.

Sum accompanying this application (Initiation Fee Non-Refundable) _____

Dated this _____ day of _____ 20____ Applicants Signature _____

Accepted: _____

Trustees: _____

INITIATION FEE OF \$159.75 MUST ACCOMPANY APPLICATION

Return Application to:

Three Rivers Swim Club, Inc.
c/o Shawna McQuillan
3846 Legendary Ridge Ln.,
Cleves, OH 45002